

## **Arkansas Money Follows the Person Informed Consent for Participation**

**Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Medicaid Number** \_\_\_\_\_

The Money Follows the Person Rebalancing Demonstration (MFP) is sponsored by the U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS). CMS awarded an MFP grant to the Arkansas Department of Human Services (DHS) to operate the program in Arkansas. MFP will support Arkansas in transitioning residents from institutions and improving Arkansas's long-term care systems.

I understand that:

- I don't have to participate in the MFP program.
- If I don't participate in MFP, I **can** still get Medicaid home and community-based services.
- I have Rights and Responsibilities and these have been explained to me.

### **Benefits of MFP**

I will benefit from participating in MFP by:

- Receiving extra help in moving from an institution to a home of my choice. I can receive extra services for one year after I move from an institution as long as I still meet the MFP eligibility rules. Extra services may include:
  1. 24 Hour Help Line – A 24-Hour Help line will be established to support individuals transitioning to the community.
  2. Telemedicine - The practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine.
  3. Intense Transitional Coordination – Individuals transitioning from institutions often need more community support than is offered through traditional waiver services. Intense Transitional Management, similar to case management, includes activities such as information and assistance; assistance with linkage with appropriate resource(s), including contact and follow-up with provider(s); and more frequent follow-up with the client to ensure expectations are met regarding outcome of action(s) taken and any need for further services.
- At the end of one year, I will still receive the Medicaid home and community-based services I enrolled in as long as I am still eligible.

**Potential Risks**

- Medicaid home and community-based programs are approved by CMS. There is a slight risk that a program may not be reapproved by CMS. This risk is low because all these programs are in good standing and meet CMS rules.
- There is a slight risk that I may not continue to be safe in my home of choice because of changes in my health or medical needs and/or that the cost of my care at home increases to more than it would be in an institution. I understand that this might result in the need to move to a more restrictive setting.
- There is a risk that I will lose eligibility for the Medicaid home and community-based program that I enroll due to changes in my situation, such as: more income, more assets, changes in my health, etc. I understand that the eligibility rules for Medicaid home and community-based services are mostly the same as nursing home Medicaid.

**Participation in Research**

- CMS has chosen Mathematica Policy Research to evaluate MFP. Information about you will be given to CMS and Mathematica to help them in their evaluation of MFP.
- I have read :
  - 1) Basic goals of the research
  - 2) The types of data that will be collected
  - 3) How the confidentiality of the data is protected
  - 4) The likely benefits/risks associated with the research
  - 5) Whom to contact if I have any questions

**Confidentiality**

I have been informed that the information provided by DHS to CMS will be used and the evaluation contractor is confidential and will be protected under the Health Information Privacy and Portability Act (HIPPA).

**Disenrollment**

- Death
- End of individual demonstration period
- Reinstitutionalization
- Incident of an extreme nature involving violence, property destruction, arrest or other incident determined by the review team as necessary to insure the safety of self or others. (Upon notice of termination of participation the participant will be given instruction on the appeal process for MFP).
- Voluntary withdrawal.

**Consent**

My MFP representative has explained to me my rights and responsibilities. I understand I will be given a signed copy of this consent form to keep. By signing this Informed Consent, I am agreeing to participate in the MFP Demo and to accept all conditions for participation.

<b>Signature-Participant</b>	Date Signed
Address(Street, City, State, Zip Code)	Telephone Number (     )     -
<b>Signature-Legal Guardian (if applicable)</b>	Date Signed
Address (Street, City, State, Zip Code)	Telephone Number (     )     -

**Care Manager Acknowledgement**

I have read the informed consent materials to the applicant, and I believe that he/she (or the guardian, if signed) understands the materials.

<b>Signature-Care Manager/Service Coordinator</b>	Date signed
Name- Agency	Telephone Number (     )     -

**OPTION TO FORMALLY DECLINE PARTICIPATION**

I was offered the opportunity to participation in the MFP demo and have chosen to **decline**. I understand that this will not affect my eligibility for Medicaid or home and community-based services.

<b>Signature- Participant</b>	Date Signed
Address(Street, City, State, Zip Code)	Telephone Number (     )     -
<b>Signature- Legal Guardian(if applicable)</b>	Date Signed
Address (Street, City, State, Zip Code)	Telephone Number (     )     -

**Complaints**

I understand that if I have any complaints or concerns about my participation in the MFP Demo I can contact the DHS Project Director:

Krista Hughes  
P.O. Box 1437 Slot S530  
Little Rock, AR 72203-1437  
501-682-8773  
[Krista.Hughes@arkansas.gov](mailto:Krista.Hughes@arkansas.gov)